



Note: This is the session of health-related bills that show up suddenly leaving little time for a thoughtful response. To contact a legislator, check out our [2013 Legislative Roster](#).

Priority Bills for UHPP (in priority order)	Cost	Description/Background (UHPP Publication and/or analysis)	Status	Position (UHPP lead)
HB153 Medicaid Amendments (Rep. Chavez-Houck)	Plus \$6 million in FY 2014; \$16 million in FY2015 (details)	<p>Due to the many delays with the state-commissioned study by PCG (Public Consulting Group), the case for the Medicaid expansion may or may not take the form of legislation.</p> <p>*UHPP supports such legislation as long as introducing legislation before the study results are released does not compromise our chances for support. Most of the Republican legislators that are open to the study findings (or to the expansion itself) need to see the study results, before they can vote YES. On this basis, we would recommend tabling the bill.</p> <p>If there is a bill, it should contain a circuit breaker if federal matching funds diminish, like Arizona. Also legislation may say try the expansion for three years to study the system impacts (following Florida's example). See UHPP's summary of studies from six states that opted for the expansion, here.</p>	Heard in House Business and Labor committee on 3/6/13; returned to House Rules committee for interim study (status)	Conditional* Support 1 (MS) See UHPP's paper on six state studies & infographic
HB160 1st Substitute Health System Reform Amendments (Rep. J. Dunnigan)	\$107,000 [\$20k to train navigators on Avenue H; \$5k for Dept. of Insurance; \$82k for reauthorization of HSRTF]	<p>On 2/27 Rep. Dunnigan discussed this bill with the RxUtah coalition (see notes). We asked for a few important changes to the navigator provisions at this and at earlier meetings. While HB160 is far from perfect, most of these requested changes have been incorporated into the latest version of the bill, including: 1) Accept background check from another organization (p. 14); 2) If navigators can demonstrate that they have legal liability coverage another way, they are not subject to the surety bond requirement; 3) Entities like schools and health centers not required to have surety bonds (because have coverage thru their own process), can also help folks qualify for premium subsidies (before they could only help people enroll in public programs, p. 23-24). Note that content from SB195 Charity Care Commission was incorporated into this bill.</p> <p>Unfortunately, this means charity care will be studied in the coming interim Health System Reform Task Force. The substituted HB160 also contains basic regulations for the stop-loss insurance market in Utah. There is concern that some (and especially healthy) small employers in Utah will abandon the SHOP exchange and enroll in self-funded insurance plans enabled by newly-designed stop-loss coverage. This exodus of healthy small employers will raise the risk of the SHOP exchange. HB160 sets rather low (\$10,000) specific attachment points and (90%) aggregate attachment points. According to Lincoln Nehring, better attachment points would be \$30,000 and 160%, respectively.</p> <p>Background for this version: Utah wants a unique partnership exchange, where the federal government will handle the individual market exchange, and the state will run the SHOP exchange, expanding Avenue H. The original version of this bill limits navigators to the individual marketplace—preventing them from working on the SHOP exchange. Big shout out to Lincoln Nehring for 'closing the deal' on navigator changes 1 and 2 above.</p>	Passed House (72-0-3); (70-0-5); Passed Senate (26-2-1); (status)	Support 1 (JS)

PLEASE NOTE: Our positions on the various bills are tentative, pending further research and approval/refinement by UHPP's Board of Trustees.

For fact sheets and position papers on UHPP priority bills, visit www.healthpolicyproject.org

To obtain more information on bills and appropriations or to watch live coverage of floor debates and committee hearings, go to www.le.utah.gov

<p>SB85 Community Health Worker Program (Sen. L. Robles)</p>	<p>\$250K</p>	<p>Creates a Community Health Worker (CHW) program and assigns responsibility for further designing and operating the program to the Bureau of Health Promotion, Utah Department of Health; defines Community Health Worker by adapting the American Public Health Association definition. Assigns to UT Department of Health responsibility to identify the best approach to expanding the use of CHWs and maximizing funding to support CHWs. Allocates funding through mini-grants and maximizes other funding sources; facilitates use of Medicaid funding. Establishes and supports a public-private sector advisory committee. Measures cost effectiveness of CHW initiatives. All good bills take at least 2 years, and we are well poised to bring this back in 2014. To this end, please share stories of CHWs and what they (or you) do to improve utilization of health care and wellness. Send stories or story leads (we can interview) to Felipe</p>	<p>Failed on Senate floor (13-15-0); (status)</p>	<p>Support 1 (JH) See our fact sheet</p>
<p>HB141 Children's Health Insurance Program and Medicaid Emergency Room Use Amendments (Rep. M. Kennedy)</p>	<p>\$0</p>	<p>Intended to incentive more appropriate use of emergency rooms by clarifying authority of accountable care organizations to audit providers if they deliver non-emergent care in emergent settings; allows ACOs to retro-actively recover payments to such providers and then re-invest recoveries in better access to primary care. Draft #3 includes a friendly amendment introduced by UHPP and now supported by most stakeholders requiring the health plans to report their expenditure of diversion savings on primary care access improvement to the Department of Health.</p>	<p>Passed House (70-0-5); Passed Senate (28-0-1; and awaiting Governor Herbert's signature; status);</p>	<p>Support 1 (JC) See our brief here.</p>
<p>HB57 Mental and Behavioral Health Amendments (Rep. D. Sanpei)</p>	<p>\$0</p>	<p>Promotes integration of mental, behavioral, and physical health care; evaluates effectiveness and impact of programs on emergency room utilization, jail and prison populations, homeless populations and child welfare. Learn what this is all about in SL Tribune feature.</p>	<p>Passed Senate (25-0-04); and House (73-0-2); awaiting Governor Herbert's signature; (status)</p>	<p>Support (1)</p>
<p>SB42 Medical School Admissions Funding (Sen. J. Valentine)</p>	<p>\$10 mil</p>	<p>Appropriates money to increase the number of students admitted to the University of Utah School of Medicine by 40. But these 40 students must demonstrate a "strong connection" to the state of Utah. UHPP: What does "strong connection" mean? Why not spell out what Utah needs: more primary care access points, more providers willing to serve in medically underserved areas, willing to serve Medicaid, etc. Utah is 45th in the nation in terms of the number of primary care physicians per 100,000. We have 89.4 physicians per 100,000 population. National average is 119.9. Massachusetts has the best with 194.5 per 100,000 and Idaho has the worst with 77.5 per 100,000. Link UHPP is exploring an amendment now with House sponsor Rep. Kennedy.</p>	<p>Passed Senate (28-0-1); (26-0-3); and House (70-4-1); awaiting Governor Herbert's signature; (status)</p>	<p>Support (2) w/changes describe at left (JH)</p>
<p>SB195 Charity Care Commission (Sen. S. Adams)</p>	<p>\$9,000</p>	<p>Our concerns remain that this is some sort of foil to or distraction from the Medicaid expansion. The proposed Commission would duplicate efforts of the statewide Safety Net Summit process, underway since 2006 (see under the Providers section all electronic notes from these intensive twice yearly sessions wherein safety net providers share info on current trends, disparities and opportunities for networking and economies of scale. According to Division of Health Systems Improvement, which facilitates it, the safety net initiative will continue, as there is a great need for primary and preventative care in Utah and integration of such with mental and dental care. It's time to face facts: Charity care cannot adequately fulfill the need. At best, charity care is episodic and unreliable for families who need a consistent and continuous source of health care. The Utah-based Sutherland Institute concept of "authentic charity care" has been in circulation in Utah policy circles since 2004. It's had enough time to prove its merits—</p>	<p>Not considered and returned to Senate Rules after portions incorporated into HB160; (status)</p>	<p>Oppose 1 (JS, JH) See our FactSheet with stories</p>

		and if there was one community that could give it a go, it was Utah. Across the U.S., 26,100 people between ages 25-64 died due to a lack of health coverage in 2010. Astoundingly, 687 25-64 aged Utahns died due to lack of health care coverage from 2005 to 2010 (learn more here). Note: Language bill was likely folded into substitute HB160 , sponsored by Rep. Dunnigan		
HB292 Premium Assistance under Medicaid & CHIP (Rep. Sanpei) – see v. 2	\$0	Directs the Department of Health to seek to maximize the use of Medicaid and CHIP funds for assistance in the purchase of private health insurance coverage for Medicaid-eligible and non-Medicaid eligible individuals. 1 st substitute (v. 2) allows those transitioning out of Medicaid to retain same network and benefits as they had while in Medicaid.	Passed House (70-0-5); passed Senate (20-1-8); awaiting Governor Herbert's signature; (status)	Support 2 (MS)
HB391-S02 Prohibition of the Medicaid Expansion (Rep. J. Anderegg) 5th Substitute less restrictive than HB391 S02—and may be the best option if HB391 comes onto the Senate Reading Board. The 3 rd Substitute (Sen. T. Weiler) prohibits the expansion unless the Health System Reform Task Force completes a thorough review of charity care system, the Department of Health completes a thorough analysis of the impact of expansion and reports to the Legislature.		Where to begin...This bill started as an unconstitutional attempt (sponsored by L. Perry) to nullify the Affordable Care Act (ACA). But due to the legislative note that labeled the bill as likely unconstitutional, Rep. Anderegg proposed a substitute version during the House Business and Labor committee hearing on 3/6/13 to prohibit Utah from opting in to the Medicaid expansion. This substitute bill narrowly passed the House committee (9-6-1). UHPP and other advocates appreciated comments by some committee members that the last-minute substitution of HB391 was bad process, and that Utah should figure out how to make the ACA better rather than fighting these last-ditch efforts to stop it. A significant minority on the committee supported this viewpoint, and also that Utah needs to study the Medicaid expansion issue thoroughly before making a decision. Although advocates worked to defeat HB391 on the House floor, Rep Anderegg misread the fiscal note for HB153 on the economic impact of the expansion during the floor debate , the House passed the bill (46-27-2). Rep. Mike Kennedy explained that Utah could provide medical coverage to the 130,000 people who would have been eligible for the expansion with charity care directed by the LDS church. See notes for SB195 above for UHPP's discussion on the fallacy of charity care, and also this Health Matters newsletter article, Charity Care Fail , from 3/13/13. Meanwhile, Rep. Ken Ivory believes that Utah can sell off its federal land to raise funds to provide charity care to low-income Utahns. While this bill is supported by a conservative element of the Utah House , it is difficult for many legislators to vote against it due to the political overlays on the issue. When HB391 reached the Senate floor on Wednesday, 3/13/13, it was completely gutted by a substitute bill from T. Weiler that said the state cannot make a decision in Medicaid expansion until; 1) The state releases the PCG cost-benefit analysis report, 2) The Health System Reform Task Force studies charity care.	Passed House on 3/11/13 (46-27); seriously amended in substitute bill (#5) in Senate by T. Weiler, Passed Senate (27-0-2); 5 th substitute bill re-passed House (51-23-1); (status)	Oppose 1 / Neutral 1 (MS)
House Bills				
HB56 Behavioral Health Care Workforce Amendments (Rep. Menlove)	\$0	Allows mental health and substance use disorder therapists to engage in therapy via internet, telephone, or other means.	Passed House (68-0-7); passed Senate (27-0-2); awaiting Governor Herbert's signature; (status)	Support 2 (JH)
HB106 Medicaid Inspector General Amendments (Rep. Wilcox)	Net \$0	Note: Last week HB106 was merged with the more hostile-OIG bill, HB315 (Rep. Jim Dunnigan). The new bill would move Office of the Inspector General (OIG) to the Department of Administrative Services—instead of its current location at the Governor's Office of	Merged with portions of HB315, passed out of House and Senate; awaiting Governor	The merged bill is better for preventing Medicaid fraud

		<p>Planning & Budget. Under this bill, the OIG would not report to the agency's director, but would be independent--appointed by the governor with consent from the Senate to a four-year term. In addition, the bill directs the OIG to pursue fraud more carefully, and not alienate providers willing to treat Medicaid patients. It also orders the OIG to differentiate "between honest mistakes and intentional errors, or fraud" if negotiating a settlement. This bill also alters the rule in HB315 that required employee whistle-blowers to alert their employers first about suspected Medicaid fraud. Now those employees can alert the OIG first.</p> <p>UHPP: This new merged HB106 is more balanced in its approach to the power of the OIG. However it still retains a loophole that allows health care providers to deflect investigations by claiming that Dept. of Health rules are inconsistent. We expect this loophole to promote more litigation than fraud recovery. The merged bill also waters down the OIG's anti-waste, abuse, and fraud efforts by giving the OIG new responsibilities to audit for efficiency the operation of the Health Department's Medicaid Division.</p>	Herbert's signature; (status)	than HB315; Neutral 2 (JH)
HB329 Medicaid Vision Amendments (Rep. Menlove)	\$0	Requires Department of Health to issue a request for proposal to provide vision services to all Medicaid populations within appropriations from the Legislature. Standard Optical and other firms have offered to provide these services at very little (not no cost) cost to the state. Not sure how this is possible with a fiscal note of \$0.	Passed House (63-1-11); (71-1-3) Passed Senate (29-0); awaiting Governor Herbert's signature; (status)	Support pending (MS)
HB315 Office of Inspector General of Medicaid Amendments (Rep. Dunnigan) -see v. 2	\$0	<p>Note: Last week HB315 was merged into HB106 (see above)</p> <p>This bill clarified that the OIG does not make Medicaid policy for the state, requires Medicaid to submit Medicaid Bulletins to OIG to check for consistency with the Medicaid State Plan (Utah's contract with the federal government for the operation of the state's Medicaid program) before Bulletins are released to providers, and requires the OIG to adopt administrative rules in consultation with providers.</p> <p>Before considering any changes to the OIG, policymakers do well to: consider the results of the current arrangement (learn more here), e.g., the recoveries of waste, fraud, and abuse are very significant, and in response to provider groups' charges that the process is inappropriately burdensome or distracting from patient care, the OIG has increased the number of trainings statewide; review the evolution of OIG statutes in at least some of the other four states, determine whether the proposed changes are in keeping with national trends, and review the impact of changes in other states' OIG statutes on waste, abuse, and fraud recoveries in those states; and confirm that the hold harmless provision is consistent with federal policy and does not unintentionally expose the state to loss of federal funds.</p>	Passed House (68-7); Merged with HB106; Passed Senate (26-0-3); Re-passed House (72-0-3); awaiting Governor Herbert's signature; (status)	Neutral* 2 (JC) (*)Recently revised UHPP position
HR3 Resolution Requesting Repeal of the Affordable Care Act (Rep. Anderreg)	\$0	Urges Congress to repeal portions (health insurance taxes) of the ACA.	Passed House (52-14-9); at Clerk of the House; (status)	Oppose 2 (JS)
Senate Bills				
SB20 State Security Standards for Personal Information (Sen. S. Reid)	\$800K if DTS pass cost to state (details)	Requires health care providers to inform patients that their personal information may be shared with Medicaid or CHIP. Also consults best practices on how personal information should be shared. Intent language was passed last week to take the cost out of the Dept of Technology Services budget.	Passed Senate (26-0-3); Passed House (74-0-1); awaiting Governor;	Support 2 (RS)

		UHPP: This has broad support of stakeholders, including Sheila Walsh-McDonald (now the breach czar).	(status)	
SB166 Hospital Provider Assessment Amendments (Sen. Hillyard)—see v. 2	Claims to raise revenues of \$41m in FY 2014 and FY2015 (details)	The current hospital assessment expires June 30, 2013. This simply extends it another three years and caps it at the current annual amount collected. A couple of technical changes to conform to the funds passing through ACO plans now instead of directly to each hospital but otherwise same program we have today with three-year renewal.	Passed Senate (22-6-1); Passed House (71-0-4); enrolling and awaiting Governor Herbert's signature; (status)	Neutral (JC)
SB186 Insurance Transaction Amendments (amended) (L. Robles)	\$0	Permits an insurer to conduct an insurance transaction or provide materials in a language other than English, unless there is a dispute. Amended to include materials in English as well as the final authority in disputes.	Passed Senate (26-0-3); Passed House (74-0-1); (status)	Support 3 (JH)
SB227 Patient Information Protection Act (Sen. Urquhart)	\$29,800 in general funds (\$70,200 in federal funds) (details)	Requires a Medicaid health care provider to purchase insurance that would cover losses from a health data breach. UHPP: Investigating purpose and impact of bill with Sheila Walsh-McDonald (head of breach investigations). Substituted on 3/6/13 - comparison	Returned to Senate Rules by 4-1 vote in Senate Health and Human Services Committee; Sen. Urquhart plans to re-introduce in future sessions; (status)	Support 3 (JH)
SB206 Office of Medicaid Inspector General Amendments (Sen. Christensen).	(\$2 million)	Empowers Office of Medicaid Inspector General (OIG) to request eligibility info from insurers; insurer may not deny a claim if 1) the OIG is seeking to enforce rights of the state w/respect to the claim; 2) enforcement action is begun not later than 6 years after day on which claim is submitted. Also enables OIG to report fraud directly to law enforcement. Makes it even easier for the OIG to do his job and follow best practices on preventing and detecting fraud in Medicaid. Since UT's OIG is doing an effective job (details here), this bill makes sense.	Passed Senate (27-0-2); not considered by House; defeated (status)	Support (JC)
HCR10 Concurrent Resolution on the Patient Protection and Affordable Care Act and State Health Care Reform (Rep. Ivory)	\$0	This bill takes 1,800 words (almost half the length of the U.S. Constitution) to describe the impacts of the federal Patient Protection and Affordable Care Act on Utah families, employers, insurers, health care providers, and the state, and urges actions to ensure the continued success of state-based health care innovation and reform. (text). It is loaded with misinformation and outright lies. Get the truth about the ACA and what it means for Utah here .	Passed House (53-17-5); Passed Senate (19-5-5); (status)	Oppose 2 (JS)
2013FL0675 Stop Loss Insurance Amendments (Rep. Dunnigan)	\$0	Note: Language bill was folded into substitute HB160 , also sponsored by Rep. Dunnigan. This bill is intended to give the Insurance department the authority to regulate the stop-loss insurance market—which some fear will siphon away healthy small businesses from the state's SHOP exchange. There is some concern that the attachment points for stop-loss insurance will still be set too high under this bill; but the details are unknown as of press-time.	Passed House (72-0-3); (70-0-5); Passed Senate (26-2-1); (status)	Merged text into HB160